DOCUMENT RESUME

ED 256 979 CG 018 201

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TITLE Belongingness--The Critical Variable in the Residential Treatment of Alcoholism.
PUB DATE Aug 84
NOTE 12p.; Paper presented at the Annual Convention of the American Psychological Association (92nd, Toronto, Ontario, Canada, August 24-28, 1984). Best copy available.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; *Alcoholism; Clinics; Drinking; Males; *Program Design; *Program Effectiveness; *Recidivism; *Residential Programs
IDENTIFIERS *Belongingness

ABSTRACT

Many alcohol treatment programs have stressed a sense of belongingness as a means for successful treatment of alcoholics in a residential setting. An examination of the effectiveness of this strategy in highly structured and less structured programs involved 200 chronic, recidivistic male adult alcoholics in a residential program. Subjects were randomly assigned to either a highly structured or a less structured version of the same program. Data from pre- and posttest structured interviews were used to classify clients' belongingness type (isolate, dyad, cluster, variant). Treatment outcome was measured by length of stay in the program and rate of relapse. The findings indicated no significant relationsnip between program structure and belongingness level change. There was a significant relationship between belongingness posttest level and length of stay, and between belongingness posttest level and relapse rate. Program structure was found to have a significant relationship to length of stay but not to relapse rate. These results support the importance of a high level of client belongingness to successful treatment outcome. However, the results indicate that the highly structured program format should be questioned as to whether or not it is the most effective strategy for achieving desired results. (NRB)

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BELONGINGNESS - THE CRITICAL VARIABLE IN THE RESIDENTIAL TREATMENT OF ALCOHOLISM

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Paper presented at the Annual Convention of the American Psychological Association, Toronto, Ontario, Canada, August 24-28, 1984.

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Abstract

Belongingness - The Critical Variable in the Residential Treatment of Alcoholism

This study was conducted to test the effectiveness of program modes which stress "fellowship" (concept of Alcoholics Anonymous) or a sense of belongingness, as a means for successful treatment of alcoholics in a residential setting. In particular, this inquiry examines the impact of treatment structure (from less to more) on a sense of peer belongingness, and belongingness on successful program completion and continued alcohol abstinence.

This study strongly confirms the importance of a high level of client belongingness (or the Alcoholics Anonymous concept of "fellowship") to successful treatment outcome, yet questions the traditional A.A. halfway house highly structured program format as the most effective strategy for achieving increased belongingness and improved treatment results.

Belongingness--The Critical Variable in the Residential Treatment of Alcoholism

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This study was conducted to test the effectiveness of program modes which stressed "fellowship" (concept of Alcoholics Anonymous) or a sense of belongingness, as a means for successful treatment of alcoholics in a residential setting. In particular, this inquiry examined the impact of treatment structure (from less to more) on a sense of peer belongingness, and belongingness on successful program completion and continued alcohol abstinence.

This research focused on three major questions:

1. In a halfway house setting, is the highly structured program (A.A. halfway house treatment precedent) a significant factor in increasing client perceived belongingness?

2. Is client perceived belongingness a significant factor in treatment outcome?

3. Is a highly structured program a significant factor in treatment outcome?

To answer these questions, 200 gamma (chronic, recidivistic) male adult alcoholics were randomly selected from a population of 460 clients admitted to a 90 day residential program from 1980-1982. They were randomly assigned to Mode 1, a less structured program (increased

amount of free time, fewer organized activities) or Mode 2, a more highly structured version of the same program (less amount of free time, more organized activities). A history intake questionnaire was utilized to collect initial demographic information. Pretest belongingness level information on each subject was obtained by use of a pretest structured interview with a separate structured interview format used through out the program to gather posttest results. Based on responses of the posttest and pretest structured interviews, clients were categorized (posttest and pretest results separately) into the isolate (loner), dyad (closeness to one other), cluster (closeness to more than one other), and variant groupings (alters between isolate, dyad, cluster). Treatment outcome was measured by length of stay in program and rate of relapse (cessation of alcohol abstinence) (up to 6 months following discharge).

The findings indicated no significant relationship between program structure and belongingness level change as analyzed by chi square test comparing isolate pretest (χ^2=5.28; 3df; p>.10), cluster pretest (χ^2=5.52; 3df; p>.10) and variant pretest results with posttest interview results (χ^2=5.15; 3df; p>.10). There were no dyad pretest respondents.

Insert Table 1, Table 2, Table 3

A level of statistical significance existed between belongingness posttest level and length of stay as indicated by tests for analysis of variance ($F_{(3,192)}$=25.20;

$p<.001$), and belongingness posttest level and relapse rate as analyzed by chi square test (within Mode 1: $\chi^2=11.83$; 2df; $p<.001$; within Mode 2: $\chi^2=20.57$; 2df; $p<.001$).

Insert Table 4, Table 5

Program structure was shown to have a significant relationship to length of stay in program, as shown by test of analysis of variance ($F_{(1,192)}=6.20$; $p<.05$) but no significant relationship with respect to relapse rate as analyzed by chi square test ($\chi^2=1.06$; 1df; $p>.30$).

Insert Table 6

This study strongly confirms the importance of a high level of client belongingness (or the Alcoholics Anonymous concept of "fellowship") to successful treatment outcome, yet questions the traditional A.A. halfway house highly structured program format as the most effective strategy for achieving increased belongingness and improved treatment results.

Table 1

Posttest Results of Isolate Pretest Respondents

Client Perceived Peer Grouping Pattern (Posttest)	Program Mode: Less Structured Mode 1 N	Less Structured Mode 1 Percent	Highly Structured Mode 2 N	Highly Structured Mode 2 Percent	Chi Square
Isolate	11	35.5	7	22.6	
Dyad	1	3.2	5	16.1	
Cluster	13	41.9	9	29.0	
Variant	6	19.4	10	32.3	
Column Totals	31	100.0	31	100.0	5.28

Table 2

Posttest Results of Cluster Pretest Respondents

Client Perceived Peer Grouping Pattern (Posttest)	Program Mode: Less Structured Mode 1 N	Less Structured Mode 1 Percent	Highly Structured Mode 2 N	Highly Structured Mode 2 Percent	Chi Square
Isolate	8	25.0	14	32.6	
Dyad	2	6.3	9	20.9	
Cluster	13	40.6	9	20.9	
Variant	9	28.1	11	25.6	
Column Totals	32	100.0	43	100.0	5.52

Table 3

Posttest Results of Variant Pretest Respondents

Client Perceived Peer Grouping Pattern (Fosttest)	Program Mode: Less Structured Mode 1 N	Less Structured Mode 1 Percent	Highly Structured Mode 2 N	Highly Structured Mode 2 Percent	Chi Square
Isolate	16	43.2	10	38.5	
Dyad	9	24.3	3	11.5	
Cluster	10	27.0	7	26.9	
Variant	2	5.4	6	23.1	
Column Totals	37	100.0	26	100.0	5.15

Table 4

Analysis of Variance on Length of Stay for Program Mode by Client Perceived Peer Grouping Pattern (CPPGP)

	Program Mode					
	Less Structured (Mode 1)			More Structured (Mode 2)		
CPPGP	Mean Days	SD	N	Mean Days	SD	N
Isolate	38.11	33.07	35	19.74	14.65	31
Dyad	64.00	23.36	12	44.00	27.99	17
Cluster	75.86	42.50	36	63.16	26.46	25
Variant	79.29	36.88	17	84.93	20.05	27

Analysis of Variance Table

Source	Mean Square	df	F
Treatment Mode	5632.26	1	6.20*
CPPGP	22887.50	3	25.20***
Mode by CPPGP	1506.87	3	1.66
Within Groups	908.28	192	

***p<.001

*p< .05

Table 5

Chi Square Analysis Within Program Mode for Client Perceived Peer Grouping Patterns (CPPGP) by Relapse Rate

	Isolate		Dyad		Cluster		Variant		Chi
Relapse	N	Percent	N	Percent	N	Percent	N	Percent	Square
				Program Mode Less Structured					
Yes	19	54.3	8	66.7	9	25.0	4	23.5	
No	16	45.7	4	33.3	27	75.0	13	76.5	11.83***
				Program Mode Highly Structured					
Yes	19	61.3	6	35.3	3	12.0	4	14.8	
No	12	38.7	11	64.7	22	88.0	23	85.2	20.57***

***p<.001

Table 6

Chi Square Analysis of Relapse Rate

Totals by Mode

Relapse	N	Percent	Chi Square for Mode
Program Mode Less Structured			
Yes	40	55.6	
No	60	46.9	
Program Mode Highly Structured			
Yes	32	44.4	
No	68	53.1	1.06